

WEST VIRGINIA EMERGENCY RESPONSE COMMISSION
ANNUAL TIER II FACILITY FILING FEE WORKSHEET

2015

DATE FEE PAYMENT _____

CALENDAR YEAR ENDING DECEMBER

Facility Information (please print or type)

Company Name:	DO NOT WRITE IN THIS BOX
Facility Name:	AMOUNT PAID:
Address:	CHECK NO.:
City: State:	DATE OF CHECK:
ZIP Code:	
County:	
Contact Person:	
Telephone:	
E-Mail:	

I. TIER TWO FILING FEE SCHEDULE

- TIER II FILING FEE (BASE) **\$25**
 - TIER II FILING FEE (ADDITIONAL) **\$50** PER EXTREMELY HAZARDOUS SUBSTANCE (EHS) REPORTED
 - TIER II FILING FEE (ADDITIONAL) **\$10** PER HAZARDOUS SUBSTANCE REPORTED IN EXCESS OF FIVE (5)
 - TIER II FILING FEE (ADDITIONAL) **\$5** PER TANK IN EXCESS OF 10 (RETAIL GASOLINE STATIONS).
 - TIER II FILING FEE (ADDITIONAL) **\$10** PER WELL IN EXCESS OF 35 (OIL AND GAS EXTRACTION FACILITIES)
 - **FACILITY FEE CAP, NOT TO EXCEED \$100 PER FACILITY**
- FEES RECEIVED AFTER MARCH 31 SHALL BE SUBJECT TO A 20% LATE FEE CHARGE**

II. FEE QUESTIONS

- 1) Is your facility required to submit a Tier II under this program? YES NO (circle one)
IF **NO**, YOUR FACILITY **DOES NOT** HAVE TO PAY A FEE.
- 2) Facility has reported _____ extremely hazardous substances; pure or mixed component.
- 3) Facility has reported _____ hazardous substances (DO NOT INCLUDE THOSE ALREADY COUNTED IN QUESTION 2)
- 4) Facility has reported _____ tanks (RETAIL GASOLINE ONLY)
- 5) Facility has reported _____ wells (OIL AND GAS EXTRACTION STORAGE FACILITIES ONLY)

III. FEE CALCULATION

LINE A: BASE TIER II FILING FEE	A) 25.00
LINE B: NUMBER OF EXTREMELY HAZARDOUS SUBSTANCE(S); AS IDENTIFIED IN QUESTION 2 ABOVE. MULTIPLY NUMBER _____ x \$50. ENTER AMOUNT ON LINE B	B) _____
LINE C: NUMBER OF HAZARDOUS SUBSTANCES; AS IDENTIFIED IN QUESTION 3 ABOVE; IN EXCESS OF FIVE (5) _____. MULTIPLY NUMBER _____ x \$10 ENTER AMOUNT ON LINE C	C) _____
LINE D: NUMBER OF TANKS; AS IDENTIFIED IN QUESTION 4 ABOVE; IN EXCESS OF TEN (10) MULTIPLY NUMBER _____ x \$5. ENTER AMOUNT ON LINE D.	D) _____
LINE E: NUMBER OF WELLS AS IDENTIFIED IN QUESTION 5 ABOVE; IN EXCESS OF 35 (ENTER 0 IF NOT OIL AND GAS EXTRACTION FACILITY). _____ MULTIPLY NUMBER _____ x \$10. ENTER AMOUNT ON LINE E	E) _____
LINE F: ADD THE AMOUNT ON LINE A THROUGH E AND ENTER ON LINE F	F) _____
<u>IF YOUR PAYMENT IS POST MARKED AFTER MARCH 31, YOUR FACILITY MUST PAY A 20 % LATE FEE.</u>	
LINE G: TIER II TOTAL FILING FEE (<u>LINE F OR \$100</u>) <u>FACILITY FEE CAP, NOT TO EXCEED \$100 PER FACILITY</u>	G) _____

THIS WORKSHEET & CALCULATED FEE MUST BE SUBMITTED WITH YOUR TIER II INFORMATION BY MARCH 1

If you need assistance, please call (304) 558-5380 or email SERC@wv.gov
Make checks payable to: West Virginia State Emergency Response Commission
1900 Kanawha Blvd E., Building 1 Room EB-80 Charleston, WV 25305

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